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PTO/SB/82 (09-03)
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Application Number	09/990,194
Filing Date	21 Nov. 2001
First Named Inventor	Maida-Smith et al.
Art Unit	
Examiner Name	
Attorney Docket Number	66997.0102

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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<input type="checkbox"/> Firm or Individual Name	Sherman D. Pernia				
Address	1110 NASA Road One, Suite 450				
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City	Houston	State	TX	Zip	77058-3346
Country	US				
Telephone	281-335-4505	Fax	281-335-5731		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	KATHY MAIDA-SMITH		
Signature	Kathy Maida-Smith		
Date	7/29/04	Telephone	281-461-7085

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Steven W. Fugle		
Signature	<i>Steven W. Fugle</i>		
Date	7/29/04	Telephone	281-461-7085

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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